

DAS (Direct Athlete Support) Injury/Illness Consideration Petition Form

Athlete Name: _____

Date of Petition Submission: _____

Email: _____

Phone: _____

Date of Birth: _____

Please Describe the Injury/Illness/Mental Health Issue:

How did this Injury/illness/Mental Health Issue prevent you from qualifying for the Primary Tier 1-3 DAS Criteria? ☐

Complete "Health Evaluation Form" in Appendix A and attach.

Appendix A: DAS Injury/Illness Petition Medical Evaluation Form

Health Evaluation Form

For athletes petitioning for DAS Injury/Illness Consideration

Athlete Name: _____

DOB: _____ Phone #: _____

The remainder of this form to be completed by a Physician (MD or DO) or Licensed Mental Health Professional

Provider/Clinician Name: _____ Today's Date: _____

Credentials of provider (including License Number and Name of Practice):

Athlete's Diagnosis or Condition (include ICD Code for diagnosis):

Date of diagnosis: _____ Date of most recent appointment: _____

Total # of appointments: _____

Please provide information regarding the athlete's injury/illness and symptoms. If a mental health issue exists, in what ways is this issue causing significant distress or impairment in social, occupational, skating/competing, or other important areas of functioning?

Has the athlete followed all treatment recommendations? Please describe:

In your opinion, did the Athlete's Illness, Injury or mental health issue negatively affect their athletic performance.

- Yes, it had a negative impact on athletic performance
- Yes, it potentially had a negative impact on athletic performance
- No, athletic performance was not negatively affected.

Please explain:

What treatment have you recommended that the athlete continue to ensure their progress, well-being, and stability?

Signature of provider: _____

Printed Name and Credentials: _____

Name of Company/Practice: _____

Address: _____

Phone: _____ Fax: _____

Email: _____